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ABSTRACT

This paper presents preliminary findings of a study evaluating effects of social service reform, school restructuring, and special education reform for children and adolescents with emotional and behavioral disabilities. Specifically, the study is attempting to identify successful school-based models, explicate the interventions used, and demonstrate that community-based, family-focused, and child-centered efforts at the state, local, and school levels contribute to improved outcomes for this population. Identification of successful school-based models was achieved through a national call for nominations, responses to two surveys, and site visits that resulted in a total sample of 10 schools in six states. A total of 116 students (mean age 11.6 years) were identified as having an emotional or behavioral disability. The schools' restructuring efforts are being analyzed in terms of governance, curriculum and instruction reform, accountability, parent involvement, inclusion, and pro-social discipline. Preliminary results for the first 12-month period for 19 students in four schools indicated these students initially demonstrated substantial emotional and behavioral disabilities. After 12 months, no changes in the level of emotional functioning were found. However, significant improvement in standardized reading scores and some improvement in math scores were realized. (Contains 13 references.) (DB)

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The School and Community Study: Exemplary Program Models and Child and Family Progress Over Time

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Introduction

The School and Community Study

Children who have serious emotional disturbances have been described as an underserved and ineffectively served group of youngsters with disabilities (Koyanagi & Gaines, 1993). Year after year, *The Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act* prepared by the Office of Special Education and Rehabilitation Service (OSERS) has documented the low number of children identified and served and the poor outcomes for those who are served in the special education system (U.S. Department of Education, 1995). This report indicates that less than one percent of the school age population has been identified as seriously emotionally disturbed while conservative prevalence estimates range from three to five percent (Knitzer, 1982; Koyanagi & Gaines, 1993). Further results from the report indicate that children with serious emotional and behavioral disorders have lower grade point averages and graduation rates and fewer attend post-secondary schooling as compared to students who have any disability as well as students in general.

During the past 10 to 15 years, the special education community began a series of reform initiatives, responding to a number of annual reports to Congress documenting poor outcomes for

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children with disabilities (see, for example, U.S. Department of Education, 1995). These reforms focused on normalizing the experience of exceptional learners by increasing their contact with non-exceptional students. Models were developed to increase mainstreaming (Wang & Birch, 1984), to integrate regular education and special education (Will, 1986), and to completely include children with disabilities in all aspects of a totally comprehensive school (Sailor et al., 1989). At present, the reform literature, though extensive, is lacking on several counts. It is normative rather than empirical, and it lacks a comprehensive theoretical framework. In addition, there is no clear explication of which reform mechanisms, if any, contribute to positive outcomes for children with emotional and behavioral disabilities. Furthermore, there are several different foci and combinations of reforms that could be occurring in a particular school.

The School and Community Study (SACS) has been designed to study the effects of various aspects of social service reform, school restructuring, and special education reform for children and youth with emotional and behavioral disabilities. Specifically, this study will identify successful school-based models, explicate the interventions used, and demonstrate that there are efforts at the state, local, and school levels that are community-based, family-focused, and child-centered that contribute to improved outcomes for children and youth (see Figure 1).

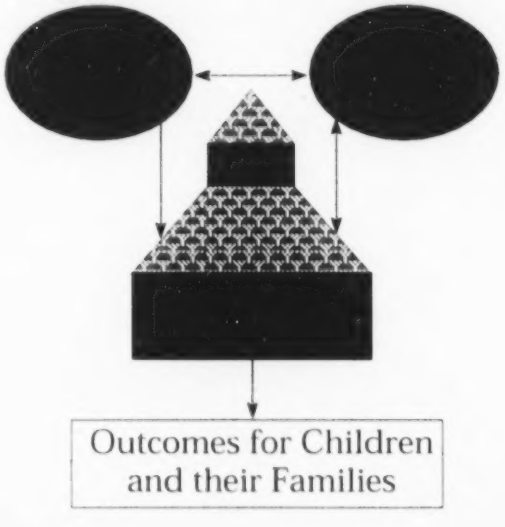
A sample of children with emotional and behavioral disabilities was identified at each school in the study and will be followed longitudinally for two years. Data was collected from state administrators, social service providers, school staff, and children and their families. Data collection for the SACS was conducted in two phases, with Phase I schools (n= 4) beginning in the study approximately 1 year before the schools in Phase II (n=6). This paper will discuss the findings for all participants at baseline and the preliminary results for Phase I participants (n=19) at 12-month follow-up. Ten schools and 116 children are participating in the study.

Method

Subjects

Informed consent was obtained from the parent or caregiver of 116 children formally identified as having an emotional and behavioral disability who were being educated in a regular public school. The average age of the sample was 11.6 years old and included mostly males (81%), Caucasians (79%), and students who received free or reduced price school meals (66%). To address the representativeness of the current sample of students, some of the key demographics of the 116 participants were compared to 29 students who were eligible for the study but did not receive parental consent. Particpants and non-participants did not differ significantly with regard to gender $\chi^2(1, N=145)=1.05$, $p> .05$;

Figure 1
Effects of Restructuring and Reform on Outcomes for Children and Families



race χ^2 (1, N=145)=.48, p>.05; and cost of school meals χ^2 (1, N=145)=.50, p>.05. Although non-participants were 1.2 years older than participants on average, the difference in ages was not statistically significant, t (143)=1.81, p=.07.

Instruments and Measures

Staff used a variety of data collection methods including surveys, semi-structured interviews, and reviews of student records. The standardized instruments used in the study include Wide Range Achievement Test III (WRAT III; Wilkinson, 1993), and the Slosson Intelligence Test - Revised (SIT-R; Slosson, 1986), the Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1997), Child Behavior Checklist (CBCL; Achenbach, 1991), Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1990), Child and Adolescent Services Assessment (CASA; Ascher, Farmer, & Burns, 1996), Client Satisfaction Questionnaire (CSQ; Attkisson & Zwick, 1982).

Procedure

The identification of successful school-based models for inclusion in the study was achieved through a multi-method site selection process, consisting of a national call for nominations, an examination of responses to two surveys, and a site visit. Through a selection process, 216 nominated schools were winnowed down to 14 schools who were invited to participate in the study. Four schools were unable to continue in the study, so the total sample for the study consisted of 10 schools.

Data were collected from individuals at multiple organizational levels including state officials, local community leaders, members of local interagency committees, school personnel, parents, and the children themselves. Study staff interviewed representatives from state and local agencies and personnel from the ten schools. Visits to the schools also were used to review the students' records and administer the WRAT and SIT, only if the student's most recent intellectual assessment was more than two years old. Additionally, parents/caregiver interviews were conducted by phone and include standardized instruments.

Results & Discussion

School restructuring efforts

There are two schools located in each of Maryland, Georgia, Vermont, and Kentucky, and one school in Iowa and Wisconsin. This sample includes five elementary schools, two schools that serve children in grades K-8, one middle school, and two high schools. Based on the current restructuring literature, as well as interviews with multiple staff at each school and parents who have children attending these schools, six operating structures began to emerge: Governance, Curriculum and Instruction Reform, Accountability, Parent Involvement, "Includedness," and Pro-Social Discipline. The measurement of these six areas in each of the participating schools has been determined with a very high degree of reliability. There is evidence of de-centralization of authority from the district to the school building level. For example, the principal, faculty, and parents share decision-making. These schools have adopted innovative techniques and instruction models to improve the instruction of children in both regular and special education classrooms. Examples include multi-age grouping, instructional teams, and consultative-collaborative models of special education. Each of these schools is committed to the evaluation of outcomes for all students. In measuring outcomes, standardized tests are used in addition to criterion referenced tests. A high level of parent involvement, including parents of children who have emotional and behavioral disabilities, is evident in these schools. School staff shares the belief that students who have emotional and behavioral disabilities belong in the community school and their education is the responsibility of all teachers. These schools have a discipline policy and procedures that include such approaches as conflict

resolution, peer counseling, and a process for handling all students in an individual manner, including those who have emotional behavioral disabilities. This process deals with discipline in a positive manner that enables the student to learn from these experiences.

Student performance at baseline

For the 116 children in the study, the average IQ score was 91 while the average standard score was 87 for reading achievement and 85 for math achievement. With regard to academic functioning, 47% of the students had an IQ score in the below average range, 57% were below average in reading, and 54% were below average in math. In terms of emotional functioning, the average Total Problem Score on the CBCL was 67 with 10% of the children scoring in the borderline range and 70% in the clinical range. The participants had an average Strength Quotient of 113.7 on the Behavioral and Emotional Rating Scale indicating above average strengths. Findings from the Child and Adolescent Functional Assessment Scale (CAFAS) indicate that the majority of students were in the severe or moderate range in 4 of the 8 domains: School (92%), Behavior Toward Others (76%), Home (66%), and Moods/Emotions (64%).

Students spent an average of 24% of their day in an academic general education setting and 21% in a nonacademic general education setting (see Figure 2). The services delivered most frequently during the school day were group counseling (42%) and case management (35%), both of which were provided by school-based personnel. Administration of the Child and Adolescent Services Assessment revealed that the majority of the participants (95%) had received help from professionals (e.g., school personnel) during the past 6 months, while almost half (48%) had received outpatient treatment. Parents were highly satisfied with both educational and related services. Further, parents were highly involved in school functions and in the special education process.

Twelve-month outcomes

Preliminary findings from the Wide Range Achievement Test for 19 Phase I participants revealed an average reading standard score at baseline of 80.1 and an average standard score of 86.7 after 12 months, t (18)=2.41, p=.03. For math the average standard score at baseline was 77.4 and after 12 months it was 85.7, t (18)=2.01, p=.06 (see Figure 3). Analysis of CBCL T-Scores at baseline and 12 months revealed no significant differences over time for the Externalizing, Internalizing, or Total Problem scales (see Figure 4). At 12 months, results from the CAFAS indicated that the majority of the children continued to function in the severe or moderate range in four of the eight categories: Behavior Toward Others, Moods/Emotions, and Role Performance at School and Home.

Figure 2
Percentage of Time in Educational Settings
(N=116)

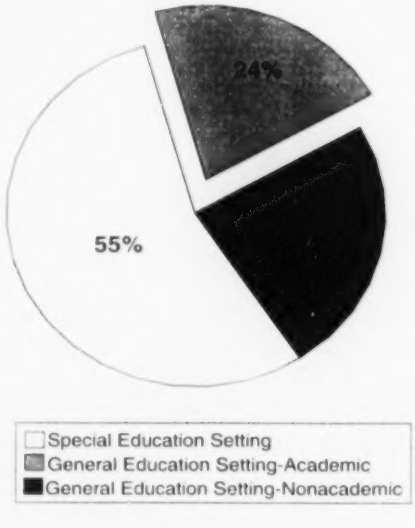


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Figure 3
WRAT Mean Scores Over Time
(N=19)

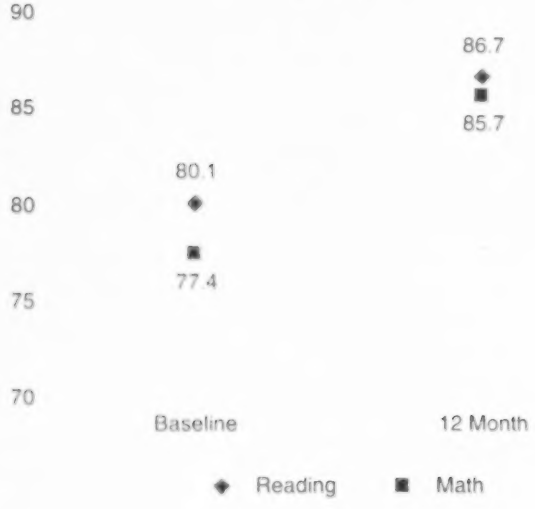
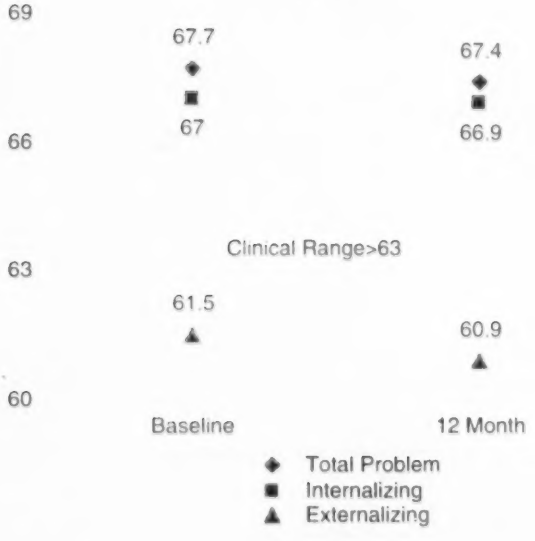


Figure 4
CBLC Mean T-Scores Over Time
(N=19)



Conclusion and Future Directions

Academically, the majority of students are behind in both reading and math. In terms of emotional functioning, these children have substantial emotional and behavioral disabilities (approximately 80% of the children scored in the clinical or borderline range on the CBCL). While preliminary results for children in the first four schools of the study indicate that there was no change in the levels of emotional functioning over a 12 month period, standardized reading scores significantly improved over time, and math scores increased, although not significantly. These findings indicate that schools can successfully improve learning outcomes in children in spite of fairly severe academic and emotional challenges.

This paper has presented a description of the method and procedures used, a description of the schools, the children with emotional and behavioral disorders being served in these schools (N=116), and preliminary 12 month follow-up data on students (n=19) attending Phase I schools (n=4). Data collection will continue for the remaining participants and will conclude during June 1999.

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